



## **Informed Consent for Psychological Services**

125 Indiantown Road, Suite 203-A, Jupiter, Florida 33458

**IMPORTANT** – Please print and complete this form prior to your first appointment.

**NOTE** - The last page can be signed at the initial meeting if you have any questions.

Welcome to the practice of Dr. Skipper, LLC. This document contains important information about professional services and business policies in addition to information about your rights and responsibilities as a client. Please be sure to discuss any questions with Dr. Skipper, LLC. Your signature at the bottom of this form indicates that you understand the information and freely consent to participate in services.

**CONFIDENTIALITY:** Therapy is most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in securing and maintaining that trust. All information disclosed within sessions and the written records pertaining to those sessions is confidential and may not be revealed to anyone without your written permission except where disclosure is required by law (see below). A “Release of Information” form must be completed and signed by the client giving Dr. Skipper, LLC permission to discuss or provide information with specified others. HIPPA laws also provide protection. A copy of these laws is available on [www.drskipper.com](http://www.drskipper.com) and in the office for your review at your initial appointment. You may ask for clarification of these protections at any time.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self or others; if the issue of psychological treatment is raised during the course of a lawsuit, Dr. Skipper, LLC may be forced by the court to reveal the details of your treatment.

**CONFIDENTIALITY WHEN TREATING CHILDREN AND ADOLESCENTS:** In therapy, it is often necessary for children to develop a “zone of privacy” whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. Typically, Dr. Skipper, LLC will provide you with general information without specific details about treatment status in order to maintain trust with your child and foster the therapeutic relationship; however, you will be immediately informed if your child is believed to be at serious risk of harming him/herself or another. Please know that at any time during the course of therapy you have the authority to decide whether therapy will continue and your decision will be honored. It is in the best interest of your child if you should choose to discontinue therapeutic services that you allow your child the option of a closing session to appropriately end the treatment relationship.

**TREATING CHILDREN AND ADOLESCENTS OF SEPARATED AND DIVORCED FAMILIES:** Psychologists treating children from families that are in the midst of separation and divorce work to help the children cope adaptively with the forces acting upon their lives. They will ask for involvement of the parents in treatment to help make the transition of the divorce easier for the family overall, particularly the



children. Treating individuals in these contexts can be challenging due to multiple factors. For these reasons, following are Dr. Skipper's policies in treating children of separated or divorced parents who have shared parental responsibility:

1. Both parents must consent to treatment, ideally before the first session with the child, or shortly thereafter. These policies may not apply when a parent resides out of the area or is incarcerated, when parent- child contact is limited by a court (Juvenile, Family, or Guardianship) or court representative (i.e., County Services Agency social worker), when there is substantial evidence that a parent might be physically or psychologically harmful or might damage the therapeutic relationship, or when a parent fails to respond to the therapist's attempts to establish contact with that parent.
2. Dr. Skipper, LLC will not communicate with attorneys for either parent or guardian.
3. Dr. Skipper, LLC will not provide custody or visitation recommendations to the court, mediator, and/or psychologist conducting a family psychological evaluation.
4. Dr. Skipper, LLC may request a copy of your divorce decree to verify parental responsibility.

**THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires active involvement, honesty, and openness in order to change thoughts, feelings, and/or behavior. Clients who are devoted to attending sessions, challenging maladaptive patterns, and applying new skills experience the most benefit from treatment. Dr. Skipper, LLC provides neither custody evaluation recommendations nor medication or prescription recommendations nor legal advice, as these activities do not fall within her scope of practice.

**POTENTIAL BENEFITS AND RISKS OF PSYCHOTHERAPY:** The goal of therapy is to reduce difficulties and strengthen coping strategies. In most cases, therapy improves one's sense of well-being and his/her relationships; however, in some situations little or no benefit may be obtained from individual therapy or an individual may become worse in which case a different form of treatment is needed. Other treatment modalities such as family therapy, group therapy, and/or medication may be helpful and will be discussed with you if the need arises. Whether or not you choose to utilize any of these interventions is determined by you. If you have any questions about Dr. Skipper, LLC's procedures please discuss them with her when they arise. You may question or refuse any suggested therapeutic or diagnostic procedure or methods at any time. If an agreement on treatment methods is unable to be reached, a referral can be given or therapy can be discontinued.

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Skipper, LLC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon. You understand that if Dr. Skipper, LLC is subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional



services to you or your family, you will be responsible for paying Dr. Skipper at the rate of \$350.00 an hour for all time expended on preparation, transportation, and testimony.

**CONSULTATION:** Dr. Skipper, LLC may consult with other professionals regarding her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Dr. Skipper, LLC between sessions, please leave a message at 561.200.3381 and your call will be returned as soon as possible. Please do not use text, email, voicemail, or faxes for emergencies. If an emergency situation arises, call the following:

Police/Fire/Poison Control: 911

Jupiter Medical Center Emergency Room: 744-4460

Oakwood Mental Health Center-Crisis and Stabilization: 844-9741

Crisis Line: Palm Beach/Martin/St. Lucie Counties: 211

Florida Abuse Hotline: 1-800-962.2873

**PHONE OR EMAIL THERAPY:** It is preferred that email be used only to arrange or modify appointments. Please do not email Dr. Skipper, LLC with content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate by email, be aware that all emails are retained in the logs of Dr. Skipper LLC's Internet service provider and your Internet service provider. If you need to contact Dr. Skipper, LLC between sessions, that best way to do so is by phone. Please do not use mobile phone text messaging or messaging on Social Networking sites such as Facebook or LinkedIn to contact Dr. Skipper, LLC. These sites are not secure and messages may not be read in a timely manner. In case of an emergency, please refer to the numbers provided above. Also, be aware that your privacy may be compromised when storing personal health information on your cell phone or other mobile device.

**SOCIAL MEDIA POLICY:** Dr. Skipper, LLC does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Engaging clients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this policy, please feel free to bring them up during session.

**FEES:**

Payment for services is required at the time services are provided unless another arrangement has been previously agreed upon by all parties involved. The fee for individual or family therapy sessions is \$150.00 per 50 minute session (known as the "clinical hour"). If more than your scheduled time is needed, there will be a charge of \$75.00 per half session. Please be aware that the fee for cancellation without a 24-hour notice or for not showing is \$75.00. When appropriate, 30 minute telephone sessions are also available for \$75.00 a session.

**PAYMENT OPTIONS:** Accepted methods of payment for services include cash, check, or credit card. Payment is due when services are rendered. Dr. Skipper, LLC does not accept insurance, which means that she is considered an out-of-network provider by insurance companies. If necessary, contact your



insurance company to determine your benefits for out-of-network outpatient mental health. If you choose to utilize benefits offered by your insurance company be aware that most insurance companies require you to authorize Dr. Skipper, LLC to provide them with a clinical diagnosis on billing statements. This information will become part of the insurance company records and Dr. Skipper, LLC does not have control over information once it is submitted. This information may become a permanent part of your medical record.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours' notice is required for re-scheduling or canceling an appointment. Unless a different agreement is reached, a fee of \$75.00 will be charged for sessions missed without such notification.

By signing below, I acknowledge that I have read and understand all information provided in the Informed Consent for Psychotherapy. My signature below also indicates that I have read and understand the HIPAA Notice of Privacy Practices located at [www.drskipper.com](http://www.drskipper.com).

**Client Name/Responsible Party**

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Client Name/Responsible Party**

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Name of Child/Minor**

Print: \_\_\_\_\_ Date: \_\_\_\_\_